

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>N/A</i>		<i>08/29/01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>U</i>	<i>J1508</i>	<i>10-28-01</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ Rejected N ..... Non-elected  
 = Allowed I ..... Interference  
 - Canceled A ..... Appeal  
 (Through numeral) Restricted O ..... Objected

Claim	Date
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Claim	Date
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52	07/02
53	07/02
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95	✓ ✓
96	✓
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99	✓ ✓
100	✓ ✓

Claim	Date
101	07/02
102	10/02
103	10/02
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114	✓
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125	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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830  
10/01/01

The above  
information  
has been  
subsumed  
in the  
information  
submitted  
with this  
application  
  
 The  
information  
submitted  
with this  
application  
is not  
part  
of U.S.P.T.O.  
  
**WARNING**  
The information  
submitted  
with this  
application  
is not  
part  
of U.S.P.T.O.  
  
 Form PTO-69A  
(Rev. 6-92)